(Requestor's Name)							
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(City/State/Zip/Phone #)							
(Only States 2 pr Horio II)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
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Codification of Status							
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S. YOUNG

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## **COVER LETTER**

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INHS18 (2/14)

TO: Registration Section Division of Corporations										
SUBJECT: River Avenue Development,	, LLC									
Name of Limited Liability Company										
Dear Sir or Madam:										
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing									
Please return all correspondence concerning the	is matter to the following:									
Matthew L. Carlton										
Name of Person										
River Avenue Development, LLC			<del>-1</del>							
Firm/Company		16 O	ALL,							
4615 U.S. Highway 17, Suite 1		OCT 18	HASS							
Address			10 C							
Fleming Island, FL 32003		PH 4: 3								
City/State and Zip Code		~	<u>ار</u>							
matthew@carltonconstruction.net										
E-mail address: (to be used for future and	ual report notification)									
For further information concerning this matter,	please call:									
Jonathan L. Hay	904 355-0355									
Name of Person	Area Code & Daytime Telephone Number									
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314									
Enclosed is a check for the following amount:										
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy									

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1.	Na	me of the limited liability company:	Develo	opment, Ll	_C		
2.	(a)	Principal Address	(b) Mailing Address  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)				
۷.	(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)					-
		4615 U.S. Highway 17, Suite 1		4615 U.S	6. Highway 17, Suite	1	
		Fleming Island, FL 32003	_	Fleming	Island, FL 32003		
		06/06/2005		L0500005	5735		
3.		Date of filing/registration in Florida	4.	<del></del> -	Document number		
5.	(a)	Registered Agent					
٥.	(a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State	:		
		Frazier & Frazier, Attorneys at Law				र्क	
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u></u>		007	200
		1515 Riverside Ave., Suite A				8	16 72 F
		Jacksonville , FL	32204			PH	m Q
	(b)	New Registered Agent				h: 37	LOSAL S. INC.
	(U)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:		-1	SH
		Jonathan L. Hay					
		NEW Registered Office Address:					
		1548 Lancaster Terrace					
		Jacksonville, FL	32204				
the age	e cha ent v s/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability co of the lin	stered office ompany, it is nited liability	e and the business office of shereby confirmed that the y company or as otherwise	of the reg	gistered e(s)
_	1	WH 14-	Ma	tthew L. C	arlton, Manager		
	-	ture of a member of authorized representative of a member			Printed or typed name of sign		
pro the to no	ovisi e obi mer tifie	by accept the appointment as registered agent and agroups of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I do in writing of this change.	ee to ac perform d for in hereby c	t in this cape ance of my c Chapter 605 onfirm that	acity. I further agree to c duties, and I am familiar , F.S. Or, if this docume, the limited liability comp	comply with and nt is bein any has i	rith the l accept ng filed been
Si	gnati	re of Registered Agent					

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00